DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0024
EXPIRES: 04-30-2023

ENTRY/IMMEDIATE DELIVERY

19 CFR 142.3, 142.16, 142.22, 142.24, 149.3

HEADER INFORMATION

1. PORT OF ENTRY:	2. BOND TYPE: ☐ Single Transaction Bond ☐ Continuous Bond ☐ No Bond Required	3. IMPORTER NUMBER: ☐ IRS ☐ SSN ☐ CBP Assigned

4. IMPORTER NAME AND ADDRESS:
Name *(Last, First, Middle Initial)*:
Street Address:
City: State: Zip Code:

5. ENTRY NUMBER:	6. BOND VALUE:	7. ENTRY VALUE:	8. CES:

9. ENTRY TYPE:	10. ORIGINATING WHSE ENTRY NUMBER *(For Entry Type 22 Only)*:	11. SURETY CODE:

12. PORT OF UNLADING:	13. MODE OF TRANSPORTATION: ☐ Air ☐ Ocean ☐ Rail ☐ Truck ☐ Hand Carry ☐ Pipeline ☐ Other	14. LOCATION OF GOODS *(FIRMS)*:

15. G.O. NUMBER:	16. CONVEYANCE NAME/FTZ ZONE ID:

HEADER REFERENCE INFORMATION

17. REFERENCE ID CODE:	18. REFERENCE ID NUMBER *(max of 50 characters)*:

HEADER PARTIES *(MUST APPLY TO ENTIRE ENTRY; IF NOT, SKIP TO LINE INFORMATION)*

19. HEADER PARTY TYPE:	20. HEADER PARTY TYPE NAME *(Last, First, Middle Initial)* AND ADDRESS:	21. HEADER ID # *(if applicable)*:
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned
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☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned

22. CERTIFICATION

I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.

SIGNATURE OF APPLICANT:

PHONE NUMBER: DATE:

23. CBP USE ONLY

☐ CBP examination required.
☐ Other agency action required, namely:

☐ Entry rejected, because:

BROKER OR OTHER GOVT. AGENCY USE

DELIVERY AUTHORIZED:

SIGNATURE:

DATE:

24. LINE INFORMATION

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LINE 1 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:	LINE ITEM QUANTITY:	VALUE:
1. _____	☐ HTS ☐ Commercial/Invoice		1. _____
2. _____	Description: _____	FTZ FILING DATE:	2. _____

COUNTRY OF ORIGIN:	ZONE STATUS: ☐ P ☐ N

LINE PARTY TYPE:	LINE NAME *(Last, First, Middle Initial)* AND ADDRESS:	LINE ID NUMBER *(if applicable)*:
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned

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LINE 2 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:	LINE ITEM QUANTITY:	VALUE:
1. _____	☐ HTS ☐ Commercial/Invoice		1. _____
2. _____	Description: _____	FTZ FILING DATE:	2. _____

COUNTRY OF ORIGIN:	ZONE STATUS: ☐ P ☐ N

LINE PARTY TYPE:	LINE NAME *(Last, First, Middle Initial)* AND ADDRESS:	LINE ID NUMBER *(if applicable)*:
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned

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LINE 3 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:	LINE ITEM QUANTITY:	VALUE:
1. _____	☐ HTS ☐ Commercial/Invoice		1. _____
2. _____	Description: _____	FTZ FILING DATE:	2. _____

COUNTRY OF ORIGIN:	ZONE STATUS: ☐ P ☐ N

LINE PARTY TYPE:	LINE NAME *(Last, First, Middle Initial)* AND ADDRESS:	LINE ID NUMBER *(if applicable)*:
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned

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LINE 4 HTS CODE:	HTS / COMMERCIAL / DESCRIPTION:	LINE ITEM QUANTITY:	VALUE:
1. _____	☐ HTS ☐ Commercial/Invoice		1. _____
2. _____	Description: _____	FTZ FILING DATE:	2. _____

COUNTRY OF ORIGIN:	ZONE STATUS: ☐ P ☐ N

LINE PARTY TYPE:	LINE NAME *(Last, First, Middle Initial)* AND ADDRESS:	LINE ID NUMBER *(if applicable)*:
☐ Manufacturer ☐ Consignee ☐ Buying Party ☐ Selling Party	Name: Street Address: City: State: Zip Code:	☐ IRS ☐ SSN ☐ CBP Assigned

BILL OF LADING INFORMATION *(Use additional block below for a second Bill of Lading)*

25. ☐ Non-AMS	26. ☐ Split Bill	27. BOL TYPE: ☐ In-Bond ☐ Master ☐ House ☐ Regular/Simple	28. SCAC/CARRIER ID:
29. IN-BOND NUMBER:		30. BOL NUMBER:	31. QUANTITY: / 32. UNIT OF MEASURE:
SECOND BILL OF LADING		BOL TYPE: ☐ In-Bond ☐ Master ☐ House ☐ Regular/Simple	SCAC/CARRIER ID:
IN-BOND NUMBER:		BOL NUMBER:	QUANTITY: / UNIT OF MEASURE:
33. VOYAGE/FLT/TRIP:	34. CONVEYANCE:		35. ARRIVAL DATE:

DHS PRIVACY ACT STATEMENT

OMB 1651-0024 CBP Forms CBP 3461 and 3461 ALT, Privacy Act Statement

This Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY:
CBP Forms 3461 and 3461 ALT are provided for by 19 CFR 142.3, 142.16, 141.22, and 141.24.

PURPOSE:
CBP is requesting this information for imports into the United States, which are subject to examination before entering the commerce of the United States. The information collected on CBP Forms 3461 and 3461 ALT allow CBP Officers to verify that the information regarding the consignee and shipment is correct and that a bond is on file with CBP. CBP also uses these forms to close out the manifest and to establish the obligation to pay estimated duties in the time period prescribed by law or regulation.

ROUTINE USES:
The information requested on this form may be shared externally as a "routine use" with appropriate federal, state, local, tribal, or foreign governmental agencies, or multilateral governmental organizations, to assist DHS in investigating or prosecuting the violations of, or for enforcing or implementing, a statute, rule, regulation, order, license, or treaty or when DHS determines that the information would assist in the enforcement of civil or criminal laws. A complete list of the routine uses can be found in the system of records notice associated with this form, "DHS/CBP-001 Import Information System." The Department's full list of system of records notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:
Providing this information will enable importers and brokers to obtain the release of the merchandise from CBP custody. Failure to provide the information may prevent the release of the merchandise.

PAPERWORK REDUCTION ACT STATEMENT

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0024. The estimated average time to complete this application is 15 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street, NE, Washington DC 20229.